UNITED
NATIONS

E

Economic and Social Council

Distr.
GENERAL

E/CN.9/1996/5
19 January 1996

ORIGINAL: ENGLISH

COMMISSION ON POPULATION AND DEVELOPMENT
Twenty-ninth session
26 February-1 March 1996
Item 4 of the provisional agenda*

FOLLOW-UP ACTIONS TO THE RECOMMENDATIONS OF THE INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT: REPRODUCTIVE RIGHTS AND REPRODUCTIVE HEALTH

Activities of intergovernmental and non-governmental organizations in the area of reproductive rights and reproductive health

Report of the Secretary-General

SUMMARY

The present report has been prepared in accordance with the new terms of reference of the Commission on Population and Development and its topic-oriented, multi-year work programme, which were endorsed by the Economic and Social Council in its resolution 1995/55. The report summarizes information gathered through a questionnaire sent to international, regional and national non-governmental organizations to assess their progress towards achieving the goals and objectives of the Programme of Action of the International Conference on Population and Development. The national and international non-governmental organizations responding to the questionnaire are rapidly developing into strong supporters of the Programme of Action and are demonstrating a high level of commitment to its principles. Progress achieved in the implementation of the Programme of Action is evidenced primarily by the activities being undertaken by national and international non-governmental organizations on integrating family planning into the broader framework of reproductive health.

* E/CN.9/1996/1.

96-01177 (E) 160296 200296

/...

CONTENTS

		Paragraphs	Page
INTRODUCTION		1 - 2	4
I.	THE INCREASING ROLE OF NON-GOVERNMENTAL ORGANIZATIONS	3 - 7	4
II.	PROGRAMME OF ACTION OF THE INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT AND NON-GOVERNMENTAL ORGANIZATIONS	8 - 9	5
III.	METHODOLOGY	10 - 13	5
IV.	ACTIVITIES DEVELOPED BY INTERGOVERNMENTAL AND NON-GOVERNMENTAL ORGANIZATIONS AFTER THE CONFERENCE IN THE AREA OF REPRODUCTIVE RIGHTS AND REPRODUCTIVE HEALTH	14 - 57	6
	A. Involvement of intergovernmental organizations in reproductive rights and reproductive health	15 - 18	7
	B. Main areas of involvement of non-governmental organizations in reproductive rights and reproductive health	19 - 32	8
	C. Enhancing quality of care in reproductive health programmes	33 - 35	13
	D. Adolescent health	36 - 42	14
	E. Participation of women in designing and implementing reproductive health programmes	43 - 46	16
	F. Participation of men in reproductive health programmes	47 - 50	17
	G. Activities developed by non-governmental organizations in the area of information, education and communication	51 - 53	18
	H. Collaboration between national Governments and non-governmental organizations	54 - 57	20
V.	INVOLVEMENT OF NON-GOVERNMENTAL ORGANIZATIONS IN THE IMPLEMENTATION OF THE PROGRAMME OF ACTION	58	21
VI.	CONTINUED COLLABORATION OF NON-GOVERNMENTAL ORGANIZATIONS IN THE IMPLEMENTATION OF THE PROGRAMME OF ACTION	59 - 62	23

CONTENTS (continued)

Page

Annex. LIST OF INTERNATIONAL AND NATIONAL NON-GOVERNMENTAL ORGANIZATIONS AND INTERGOVERNMENTAL ORGANIZATIONS WORKING IN THE AREA OF REPRODUCTIVE HEALTH THAT RESPONDED TO THE UNFPA QUESTIONNAIRE 25

INTRODUCTION

1. In recent years, collaboration between the United Nations Population Fund (UNFPA) and non-governmental organizations has been rapidly increasing. This culminated at the International Conference on Population and Development, held in Cairo in September 1994, where the active participation of those organizations, particularly women's non-governmental organizations, had a significant impact in advancing the agenda of reproductive rights and reproductive health and in finalizing the Programme of Action of the Conference.

2. The present report summarizes the information gathered through a questionnaire sent to international, regional and national non-governmental organizations to assess progress made towards achieving the goals and objectives of the Programme of Action, as called for in the new terms of reference of the Commission on Population and Development and its topic-oriented, multi-year work programme, which were endorsed by the Economic and Social Council in its resolution 1995/55. The topic for 1996 is reproductive rights and reproductive health, including population information, education and communication. Impressions included in this report build upon the responses to the questionnaire that were received from 34 intergovernmental organizations and international, regional and national non-governmental organizations, as well as reviews of written reports and materials shared by responding organizations. In addition, the present report discusses lessons learned one year after the Conference from the involvement of non-governmental organizations in the implementation of the Programme of Action.

I. THE INCREASING ROLE OF NON-GOVERNMENTAL ORGANIZATIONS

3. Non-governmental organizations are civil institutions that operate between the private and public sectors. In fact, they are being called the "third sector", and they tend to represent specific interests of the population (reproductive rights and family planning), as well as different groups within civil society (women and youth). Their mode of operation tends to be bottom-up, particularly at the local level.

4. Non-governmental organizations have different levels of action. Those acting at the international level have long been recognized for their contributing role in advocating for reproductive rights and reproductive health and for providing assistance to national Governments and national non-governmental organizations in technical aspects of population, family planning and reproductive health programmes. They are financially supported by international donors that sustain national non-governmental organizations as well.

5. National non-governmental organizations are often branches of international or regional organizations. At a time in which the social services provided by Governments are decreasing in many parts of the world, the role of non-governmental organizations is clearly growing, helping the State and the private sector balance and complement one another. In fact, not only do they

play a key role in advocacy activities, but they also provide a variety of services to marginalized groups and a means of testing innovative approaches.

6. At the local level, non-governmental organizations or grass-roots organizations are characterized by membership enrolment, voluntary involvement, self-help practices and participatory approaches. Grass-roots organizations tend to be financially supported by their members.

7. Owing to their growing institutionalization and capacity to act in an autonomous way, non-governmental organizations involved in reproductive health activities have an important role to play in implementing the goals of the International Conference on Population and Development. The Programme of Action of the Conference calls for establishing partnerships among Governments, health-care providers, women and reproductive health non-governmental organizations. Together they can create a major impetus for accelerating the implementation of the Programme of Action.

II. PROGRAMME OF ACTION OF THE INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT AND NON-GOVERNMENTAL ORGANIZATIONS

8. The Programme of Action of the International Conference on Population and Development 1/ recognizes the need for establishing partnerships with non-governmental organizations for its implementation. For instance, in chapter XV (Partnership with the non-governmental sector), paragraph 15.6, it is specified that:

> "In recognition of the importance of effective partnership, non-governmental organizations are invited to foster coordination, cooperation and communication at the local, national, regional and international levels and with local and national governments, to reinforce their effectiveness as key participants in the implementation of population and development programmes and policies. The involvement of non-governmental organizations should be seen as complementary to the responsibility of Governments to provide full, safe and accessible reproductive health services, including family planning and sexual health services."

9. The Programme of Action also emphasizes the need to ensure that non-governmental organizations and their networks are able to maintain their autonomy and strengthen their capacity through regular dialogue and consultations, as well as through training.

III. METHODOLOGY

10. In order to ascertain the activities being undertaken by intergovernmental and non-governmental organizations, a follow-up questionnaire was sent in October 1995 to approximately 95 organizations around the world, including 22 intergovernmental and 73 non-governmental organizations. The organizations invited to respond to the questionnaire consisted of international, regional and

national non-governmental organizations, mainly those concerned with family planning and reproductive health and women's organizations. They were selected on the basis of their mandates and their participation in the Conference.

11. The questionnaire was organized by topics covering the most significant aspects of reproductive health, as delineated in the Programme of Action.

12. A total of 38 organizations responded to the questionnaire, representing about 40 per cent of the total number of intergovernmental and non-governmental organizations contacted for this monitoring exercise, distributed as shown in the table (a list of the organizations responding is contained in the annex below).

Number of organizations that responded to the questionnaire

	Number invited to respond to the questionnaire	Number that responded	Percentage of response
International non-governmental organizations	46	20	43.4
Regional non-governmental organizations	5	2	40.0
National non-governmental organizations	22	12	54.5
Intergovernmental organizations	22	4	18.0
Total	95	38	40.0

13. Of the 73 non-governmental organizations to which the questionnaire was sent, 15 were women's organizations (of which 6, or 40 per cent, responded) and 41 were family planning/reproductive health non-governmental organizations (of which 25, or 60 per cent, responded). The rest were research institutions, foundations and professional organizations. The regional and national organizations selected for the monitoring study covered all geographical regions.

IV. ACTIVITIES DEVELOPED BY INTERGOVERNMENTAL AND NON-GOVERNMENTAL ORGANIZATIONS AFTER THE CONFERENCE IN THE AREA OF REPRODUCTIVE RIGHTS AND REPRODUCTIVE HEALTH

14. Presented below are detailed summaries of the major points that emerged from examining the responses to the questionnaire, according to topic area, in regard to the implementation of the Programme of Action. The seven topic areas selected for analysis were: (a) areas of involvement in reproductive rights and

reproductive health; (b) integration of family planning into reproductive health; (c) quality of care in reproductive health programmes; (d) adolescent health; (e) participation of women in the design and implementation of reproductive health programmes; (f) inclusion of men in reproductive health programmes; and (g) information, education and communication activities in reproductive health.

A. Involvement of intergovernmental organizations in reproductive rights and reproductive health

15. Only two of the four intergovernmental organizations that responded to the questionnaire are conducting activities related to the implementation of the Programme of Action: the South Pacific Commission and the Organization of African Unity (OAU).

16. The South Pacific Commission is an organization serving the Pacific Islands. It is a non-political technical assistance agency with an advisory and consultative role, providing technical assistance to member States. The South Pacific Commission has been active in reproductive health for a number of years through the implementation of a project on education on and prevention of acquired immunodeficiency syndrome (AIDS) and sexually transmitted diseases. Activities range from the publication of information materials that address the needs of particular groups living in the region, to the provision of technical assistance to Governments, community groups, non-governmental organizations and to the organization of regional, subregional and national training workshops on the prevention of AIDS and sexually transmitted diseases.

17. OAU is the regional organization of the African countries whose main goal is to promote cooperation among African States in the economic, social, educational, cultural and scientific fields. At its thirty-first ordinary session, held in June 1995, OAU approved a Plan of Action concerning the situation of women in Africa in the context of family health. The Plan of Action recognizes the need to empower women as a key to development in Africa. It calls for member States to address the reproductive health needs of women throughout their life-span, including adolescent health, safe motherhood, family planning and AIDS/sexually transmitted diseases, in accordance with the Programme of Action.

18. As evidenced by the low number of intergovernmental organizations that responded to the questionnaire (4 out of 22, of which only 2 are involved in activities related to the Conference), it is clear that it is the non-governmental organizations, rather than the intergovernmental organizations, that have played a more significant role in the area of reproductive rights and reproductive health.

B. Main areas of involvement of non-governmental organizations in reproductive rights and reproductive health

19. According to the majority of the non-governmental organizations that responded to the questionnaire, the Conference appears to have helped most international and national non-governmental organizations in reordering their institutional priorities so that the Programme of Action can be implemented. Although most non-governmental organizations were developing family planning activities before the Conference, many were already in the process of implementing new reproductive health components as well. The most frequently mentioned new programmatic component was the provision of information and health services to prevent and treat reproductive tract infections (RTIs) and sexually transmitted diseases. In fact, approximately 60 per cent of the non-governmental organizations that responded to the questionnaire and that had previously been involved in family planning activities (mainly information, education and communication, and the provision of family planning services) had begun to include RTIs and sexually transmitted diseases as a second major component of their overall programmes. This is very important because it indicates that the Programme of Action has allowed for the incorporation of a clear reproductive health need that many family planning programmes could only now address as a result of the impetus that the Programme of Action has been able to provide.

20. Other programmatic components included in the Programme of Action were also incorporated into the agendas of many non-governmental organizations, namely: (a) education in human sexuality, reproductive health and responsible parenthood (60 per cent of the non-governmental organizations); (b) prenatal, delivery and postnatal care, including breast-feeding (37 per cent); (c) prevention of abortion and the consequences of abortion (29 per cent); and (d) infertility (15 per cent).

21. While many non-governmental organizations have incorporated new reproductive health components as a consequence of the Programme of Action, others stated that they had adopted the comprehensive approach to reproductive health many years prior to the Conference. Those non-governmental organizations recognized that the Conference had been instrumental in legitimizing their own reproductive health work programme and in gaining a new momentum in strengthening its focus on reproductive health. Undoubtedly, the Conference has reinforced their commitment to the reproductive health idea. However, the involvement of non-governmental organizations in reproductive health issues prior to the Conference also highlights the critical role that they played at the Conference, particularly in advancing the agenda of the Programme of Action.

22. The majority of the national non-governmental organizations indicated that they tended to provide the selected services to marginalized populations because of the unavailability of State services in the areas where those people live. The balancing role of non-governmental organizations in the provision of services is particularly stressed by those in Latin America. In fact, the retrenchment of States from social welfare policies has caused most of the urban poor and rural populations to be cut off from access to services, and non-governmental organizations have responded to that demand.

23. The majority of the activities developed by international non-governmental organizations include the provision of technical assistance to Governments and national non-governmental organizations in the areas of needs assessment, programme development, evaluation, and training and research. In addition, many international non-governmental organizations are involved in conducting advocacy activities in the areas of reproductive rights and reproductive health. With respect to national non-governmental organizations, major efforts include the provision of family planning services, training and advocacy activities.

1. From family planning to reproductive health

24. Nearly all the non-governmental organizations consulted are in the process of articulating more clearly the concept of reproductive health and dealing with how to translate into practice those concepts agreed to at the Conference. Because no models exist, the central issue in the implementation of the Programme of Action remains the transformation of existing family planning programmes into reproductive health programmes. For this reason, a number of international non-governmental organizations have established a working group on reproductive health and family planning that serves as a forum for discussion of the responsibility of international agencies for integrating the concept of reproductive health into the thinking, programming and services of the agency.

25. Among non-governmental organizations, there are many innovative approaches to integration that range from management issues and development of new technologies that can help integrate family planning into reproductive health, to cost estimations and training. For instance, among international non-governmental organizations:

(a) The Program for Appropriate Technology in Health (PATH) is developing a series of reproductive health assessment tools that programme managers can use to integrate new reproductive health interventions into existing family planning programmes;

(b) The Population Council is studying the feasibility of developing a single package to provide family planning care with sexually transmitted diseases services, abortion care and health services for post-partum mothers and babies;

(c) Management Sciences for Health (MSH) is developing a model to determine the costs of integrating reproductive health services into ongoing family planning programmes;

(d) Family Health International (FHI) is testing contraceptives that may also provide protection against sexually transmitted diseases;

(e) The Johns Hopkins Program for International Education in Gynecology and Obstetrics Corporation (JHPIEGO) is integrating family planning with maternal health training;

(f) The International Planned Parenthood Federation (IPPF) is working on integrating sexual and human rights into reproductive health services in order to protect women's right to health;

(g) The International Program Assistance Service (IPAS) is developing new approaches to integrating post-abortion services into family planning services.

26. Among national non-governmental organizations:

(a) Parivar Seva Sanstha in India is working on a comprehensive prevention health-care package for women called "Medicheck" that provides regular screening and diagnostic testing for the detection of breast and cervical cancer and timely treatment. It plans to incorporate other aspects of reproductive health, including sex education, treatment of RTIs/sexually transmitted diseases and infertility into its activities;

(b) Non-governmental organizations in Senegal promote the provision of a minimum package of services composed of prenatal and delivery care, breast-feeding, family planning and sexually transmitted diseases;

(c) The Centre for Population Studies and Responsible Parenthood (CEPAR) in Ecuador is exploring the option of integrating reproductive health into primary health-care programmes;

(d) Several non-governmental organizations are working on ways to integrate services for the prevention and treatment of RTIs/sexually transmitted diseases into existing family planning programmes.

27. Although most of the non-governmental organizations that responded to the questionnaire are clearly working on integrating existing family planning programmes into reproductive health, it appears that a number of traditional family planning organizations are still struggling with the concept of reproductive health. For example, reproductive health is confused with the provision of family planning and maternal and child health services only or, rather, the provision of family planning and child health services exclusively. For these organizations, as has occurred regularly in the past, the focus is still on the child rather than on the woman. This gives the impression that for some, the concept of reproductive health is still at a very early stage.

28. Despite the clear need to work towards integrating men into reproductive health programmes, there are very few initiatives that deal with this issue. As expected, the integration of RTIs and sexually transmitted diseases into family planning is the most common undertaking, probably because of the urgent need to deal with the widespread incidence of RTIs and sexually transmitted diseases.

2. From family planning to reproductive health: the positive outcomes

29. A general consensus appears to exist among international and national non-governmental organizations that there are already many positive aspects to the activities carried out so far to integrate family planning into reproductive

health. The following are some of the positive trends mentioned by non-governmental organizations:

(a) There is a growing sense that the integration of family planning into reproductive health has increased awareness of the vast unmet need among the poorest and most marginalized populations in developing countries, particularly poor women. In addition, Governments are slowly but steadily giving more priority to reproductive health, and everyone working in the field of population is shifting from demographic concerns to concerns about meeting the needs of individuals for reproductive health information and services;

(b) The change in attitudes towards women, the inclusion of their perspectives in the development of programmes and the whole process of strengthening and providing prominence to the women's health movement was noted consistently in the completed questionnaires as a condition necessary for the success of reproductive health programmes. Additionally, the involvement of women themselves in information and dissemination activities helps ensure that scientific findings have a practical application;

(c) There is widespread recognition of the importance of integration at the grass-roots level, which has been shown by the enthusiasm of clients, providers and community organizations that are being involved to an increasing degree;

(d) There is a sense that it is possible to work with adolescents and that adults have recognized the importance of working with them.

3. From family planning to reproductive health: the main obstacles

30. All respondents expressed clear ideas on the constraints that many of them face in the integration of family planning into reproductive health. The following is a summary of the major findings regarding the most important obstacles encountered by non-governmental organizations:

(a) There is a lack of clarity concerning the encompassment of reproductive health, as well as a lack of study results that document successful (and unsuccessful) efforts to integrate family planning into reproductive health. Moreover, since the integration of reproductive health is a new issue, there are serious limitations with technical capacity and programme assistance, particularly for national non-governmental organizations;

(b) The shortage of findings to implement the variety of new activities proposed after the Conference seems to be a very common obstacle for many national non-governmental organizations. In addition, the economic crisis and structural adjustment policies clearly increase funding problems;

(c) The costs of integration are poorly estimated, leaving many new programmes without a clear notion of how to develop realistic budgets;

(d) Many non-governmental organizations perceive that there is a reluctance among leaders and managers of governmental programmes to give up some of the control and independence to which they have become accustomed. Therefore, they resist the integration of family planning into reproductive health. In many cases, they continue to have as their main goal the reduction of population growth. As a result, they do not wish to "dilute" resources by including any emphasis other than the provision of contraceptives. Certainly, the extent of this resistance varies by country and programme and within programmes themselves;

(e) A number of non-governmental organizations perceive that priorities determined by funding agencies may discourage a truly integrated approach to reproductive health;

(f) More than one non-governmental organization expressed the view that many international non-governmental organizations are often driven by the geographical preferences of their founders, resulting in overlapping efforts among them.

4. Evaluation of the integration of family planning into reproductive health

31. Many non-governmental organizations reported that it has been difficult to develop evaluation indicators that measure the progress achieved in integrating family planning into reproductive health. A number of non-governmental organizations felt that it was too early for them to make this evaluation. This may reflect, in part, the fact that programme evaluation is not developed in conjunction with the design of the project from its inception. This is a problem seen in other programmes as well.

5. From family planning to reproductive health: future directions

32. Based on the above-mentioned facts, the following suggestions may be useful in helping non-governmental organizations to increase their effectiveness in implementing the Programme of Action:

(a) Given the lack of world-wide experience concerning the integration of family planning into reproductive health, a special effort to disseminate successful "integration" experiences could help in accelerating this process. It appears that many non-governmental organizations, particularly international non-governmental organizations, are well advanced in articulating the translation of the reproductive health concept into practice. Broad dissemination of documents concerning the integration of family planning into reproductive health, particularly at the national and local levels, could improve the understanding of the issue;

(b) Funding seems to be a major barrier for non-governmental organizations in the implementation of the Programme of Action. As a result, long-term sustainability is, perhaps, an issue that should be carefully considered. Some

national non-governmental organizations manifested interest in improving their fund-raising skills and their overall technical capacity to become as financially independent as possible. In this sense, negotiations between Governments that are privatizing services and non-governmental organizations will become an increasingly important factor in furthering the goal of greater financial self-sufficiency;

(c) Training of managers and leaders of family planning programmes in the new concept of reproductive health could improve their understanding of the reproductive health approach.

C. Enhancing quality of care in reproductive health programmes

33. There is general agreement among the majority of non-governmental organizations that the quality of reproductive health services should be a top priority for programmes. Although most of the efforts in this area have focused on delineating the elements of quality and promoting the concept of quality of care among other international organizations, these initiatives have been developed mainly in the area of family planning. However, most of the non-governmental organizations consulted have plans to include this issue as part of their activities for integrating family planning into reproductive health. The following are some of the most innovative initiatives developed by international and national non-governmental organizations:

(a) JHPIEGO has developed a major initiative to improve the quality of care in conjunction with access to services. "Maximizing access and quality" (MAQ) is delivered in the form of workshops to health providers. This includes providing contraceptive technology updates and fostering discussions to develop action plans by country in order to improve both access and quality of care;

(b) The Population Council is working towards changing the criteria by which family planning programmes are evaluated. They are in the process of developing quality-of-care indicators and other means of assessing and measuring quality;

(c) Family Care International (FCI) is training providers in improving their interpersonal relations, communication skills and counselling techniques. In fact, most of the non-governmental organizations that reported on the issue have implemented counselling techniques in family planning programmes as a way of ensuring that clients have access to accurate information before they adopt a contraceptive method;

(d) The International Council on the Management of Population Programmes (ICOMP) has addressed the improvement of quality of care through action-research activities. This has facilitated the involvement of providers in determining their own quality-of-care indicators;

(e) The Programme in Reproductive Health of the Colegio de México is trying to ensure that the dimension of reproductive rights is included in reproductive health services and that they have a gender-sensitive approach to health care. A number of other non-governmental organizations reported that

they were developing indicators of quality of care for gender awareness and women's empowerment.

34. There is a general consensus among non-governmental organizations that the emphasis given to quality of care in the Programme of Action has helped many organizations renew their efforts towards improving their own standards of care. Several non-governmental organizations have noted that clients appreciate improvements in this area. The most frequently mentioned obstacles to improving the quality of care in programmes are:

(a) Lack of funding to improve quality-of-care standards represents a real problem for understaffed services and overworked providers. Because health providers are poorly compensated, their motivation is generally low and investments for raising standards of quality are very scarce. As a consequence, changing staff attitudes is perceived to be very slow;

(b) The infrastructure, equipment and supplies of services tend to be inadequate. However, non-governmental organizations that are involved in providing services have better quality-of-care standards than those services provided by the public sector. Because the size of some non-governmental organizations is generally small, it appears relatively easy for them to implement effective quality-of-care standards;

(c) Lack of appropriate infection prevention practices is a generalized obstacle to high quality of services. The standardization of training and service delivery practices is considered to be a critical step in overcoming this problem;

(d) National non-governmental organizations feel that they are not generally asked by Governments to assist them in improving standards of quality in the public sector, in spite of seeing themselves as positive models for Governments to replicate;

(e) Interpersonal relations and communication skills are rarely taught in pre-service training. This is seen as a real obstacle to the achievement of quality-of-care standards;

(f) Indicators of care for reproductive health programmes have not yet been developed. In addition, for the few that are developing indicators of quality of care, there seems to be too little emphasis on the client perspective and on the gender perspective.

35. As the importance of quality becomes more accepted, new evaluation criteria will be available to assess the progress made in reproductive health initiatives, and this will certainly ensure the dissemination of information on successful efforts.

D. Adolescent health

36. The recognition in the Programme of Action of adolescent pregnancy as a significant social and health problem has been welcomed by the majority of the

non-governmental organizations that reported on the issue. Because of political and religious sensitivities in some countries, work with adolescents is at an early stage of development. Indeed, many of them only initiated activities in this area since the Conference.

37. For most national non-governmental organizations working with adolescents, it seems that the best solution in addressing the sexual and reproductive health needs of this critical group of the population is to provide young people with information through sex education classes, so that they could make sound decisions about their sexuality and, if they are sexually active, to give them access to contraceptive services. There are many non-governmental organizations that are developing educational materials and teaching family life education to adolescents. The aim of family life education programmes is to provide adolescents with decision-making skills and to improve their self-esteem.

38. Owing to the current understanding of the issue and increasing social pressures, it is known that these types of interventions are necessary but not sufficient. Many disadvantaged girls may become mothers because they realize that they have limited access to social and economic opportunities, often thus following a pattern similar to their mother's behaviour. Only a small proportion of young people take active and consistent measures to avoid pregnancy. When pregnancy occurs, the most disadvantaged adolescents, that is, those living in poor urban areas, are likely to obtain unsafe abortions or to remain single mothers. A further problem is that many of these early pregnancies may be the result of sexual abuse. Thus, although many non-governmental organizations have begun to work on the problem of adolescent health, it is an issue that needs much greater attention in general and from a gender perspective in particular.

39. The levels of discrimination against adolescent girls (education, nutrition, lack of self-esteem to negotiate contraceptive use when they engage in voluntary sex) and the limited life opportunities they have, as compared to boys of the same social class, seem to be the major factors leading to early pregnancy.

40. Innovative experiences in the area of adolescent health include:

(a) The IPPF initiative to establish a Youth Task Force and a Youth Committee. The main objective of the initiative is to include youth in the development of sexual and reproductive health programmes. It is believed that their involvement in the development of programmes could enrich discussions about how best to satisfy youth needs for services and to ensure that messages on avoiding pregnancy are delivered in an understandable way;

(b) The strategy of IPAS to target adolescents for abortion prevention and post-abortion family planning services. It has been documented that in some parts of the world adolescent girls are very likely to resort to abortion when they become pregnant;

(c) The MSH programme in the Russian Federation, which has been developed in collaboration with a local non-governmental organization. It provides sex

education, counselling and some reproductive health services with community support;

(d) The Advocates for Youth initiative to address the reproductive health needs of adolescent girls through their participation in the design of programmes and in peer education activities;

(e) An initiative of a non-governmental organization in India that has established a telephone hot line for adolescents in New Delhi that is very successful in disseminating information on reproductive health issues;

(f) An initiative of the Kenyan Association for the Promotion of Adolescent Health, which is an umbrella organization of 25 non-governmental organizations and government agencies working in advocacy activities for adolescent reproductive health, that has helped influence the Government of Kenya to reverse its policy of expelling pregnant girls from school;

(g) The 14 youth centres of the Asociación Colombiana pro Bienestar de la Familia (PROFAMILIA) in Colombia, where adolescents receive sexuality information and contraceptive services.

41. With some exceptions, many of the activities developed by national non-governmental organizations are directed towards the school population. In many parts of the world, however, a significant number of girls are out of school, and it is difficult to reach out-of-school youth. Nevertheless, there are some non-governmental organizations that are working towards enabling girls to expand their life options. Others are working on understanding the meaning of reproductive health issues for adolescent girls in their own social context and on how to keep adolescent girls in school.

42. Nearly all the non-governmental organizations that responded to the questionnaire reported an increase in activities concerning adolescent health.

E. Participation of women in designing and implementing reproductive health programmes

43. The recommendation in the Programme of Action concerning the participation of women in the design and monitoring of reproductive health programmes has created enormous interest among non-governmental organizations. However, many non-governmental organizations have reported that the issue is just starting to be considered by Governments and reproductive health-oriented organizations.

44. The issue has raised opposing views among national non-governmental organizations. While some agree that women are participating in the design of reproductive health programmes at the policy level, others maintain that the potential for women's participation is greater at the grass-roots level because it could be easier to develop effective mechanisms to integrate them into programmes. Moreover, the possibility of including women in positions of power is seen by some as less likely to occur soon because of the strong resistance on the part of policy makers and managers of traditional family planning programmes to support that policy. Indeed, many policy makers and programme managers fear

that this could increase the competition for the positions that they currently hold. However, one reproductive health non-governmental organization stated that even women in positions at the mid-management level do not necessarily see women's participation as an important issue.

45. Obviously, the participation of women in the design of programmes appears to be more challenging for traditional family planning programmes than for women's non-governmental organizations. With respect to those organizations, it has been recognized that the Conference has helped promote a real dialogue and partnership among women's health groups, thereby increasing their visibility in the international scene. Those groups are developing activities in the area of advocacy and some provide model health services. Their role is seen as being very critical to monitoring the implementation of the Programme of Action.

46. There is wide consensus about the fact that the involvement of women in the design and monitoring of programmes is not yet adequate. While some organizations are incorporating women's perspectives in the design of programmes, such as those non-governmental organizations conducting operational research studies or conducting contraceptive research guided by women's inputs, the key issue of actually including them in the design, implementation, monitoring and evaluation of programmes is still in its early stages. There is, for example, no demonstrated working methodology that involves community groups of women in monitoring and evaluating programmes. In spite of those obstacles, the trend seems to be towards women's participation in the design and monitoring of programmes.

F. Participation of men in reproductive health programmes

47. The involvement of men in reproductive health, including contraception, has been largely ignored by service programmes that have traditionally addressed women. The Programme of Action emphasizes the need to include men in reproductive health programmes.

48. But what exactly does "men's involvement" in reproductive health programmes entail? Since this is a new area of work for many organizations, several of them, particularly non-governmental organizations, are in the process of articulating the precise meaning of the concept and considering its application. For some, this includes increasing male responsibility in decisions and behaviour concerning sexual practices, including greater participation in family planning. They see this as a key to improving reproductive health generally and for curtailing the spread of sexually transmitted diseases, including HIV/AIDS. In addition, other non-governmental organizations consider it important to include the issue of increasing male involvement in responsible parenthood. The conclusion of one non-governmental organization is that programme approaches towards men should focus on men having their own set of reproductive health-related needs while acting as partners with women, and not simply as an interdependent factor in women's health-care programmes.

49. As a result of the new nature of this effort, several non-governmental organizations are conducting research studies to assess the reproductive health-

care needs of men. For instance, among international non-governmental organizations:

(a) The Population Council is looking at the issue of male participation in post-partum health care for mothers and babies. It is also trying to learn more about the male role in family decision-making in order to find links between men's role in the sexual, marital and parenthood spheres;

(b) PATH is working on the development of an information, education and communication strategy to reach male clients of sex workers with information about the prevention of sexually transmitted diseases and their own health as well as that of their wives and children;

(c) FHI is conducting a study on male perspectives on family planning in Bolivia and Zimbabwe as part of its women's study project;

(d) ICOMP of Malaysia is involved in a process of identifying the managerial requirements for the provision of services to men;

(e) The Family Planning Association of India is developing initiatives to identify the major cultural and political constraints to male participation and support in reproductive health programmes;

(f) The Family Planning Association of Mauritius periodically organizes sensitization sessions on male involvement in sexual and reproductive health.

50. Among the main obstacles mentioned in developing activities for male involvement in reproductive health were:

(a) Lack of conviction among policy makers, programme managers and some women's groups that involving men in health programmes will be beneficial to women or to the programme itself;

(b) Allocation of resources to men's needs when basic outreach and services for women are still inadequate;

(c) Lack of documentation on the impact of successful programme approaches that would be helpful in convincing policy makers of the need for investment in this area;

(d) Lack of prototype information and training materials specifically related to men's involvement. These would serve as a useful base for programmes for those who wish to adapt materials for local use.

G. Activities developed by non-governmental organizations in the area of information, education and communication

51. Non-governmental organizations have actively participated in advertising the results of the Conference either on their own, in coordination with Governments, or through a network of collaborating non-governmental organizations. The experiences are prolific and varied. In some cases,

non-governmental organizations have developed specific brochures highlighting the most critical aspects of the Programme of Action. Others have included special sections of the Programme of Action in the materials that they regularly publish. The following are some of the activities developed by non-governmental organizations to disseminate the Programme of Action:

(a) A network of women's non-governmental organizations around the world has developed a major initiative to disseminate the Programme of Action. The group, coordinated by Women Watch ICPD and the Women's Environment and Development Organization (WEDO), was created during the Conference to monitor the implementation of the Programme of Action around the world. WEDO is, in addition, monitoring international agencies to ensure that they are working on the implementation of the Programme of Action;

(b) IPPF/Western Hemisphere organized a contest called ICPD Dissemination Awards that was set up to promote the implementation of the Programme of Action as well as the IPPF Strategic Plan, Vision 2000. A total of 14 family planning associations in Latin America and the Caribbean presented proposals, and nine winners were selected. Each organization received a cash award of about $5,000 for the development of the activities described in their proposals;

(c) FCI has issued several publications, including Action for the 21st Century: Reproductive Health and Rights for All, which summarizes recommended actions in this area. This report was published in English, French and Spanish, and has been distributed in 117 countries. Other publications of FCI include a fact sheet developed for UNFPA that addresses the most important topics covered in the Programme of Action and a paper entitled Commitments to Reproductive Health and Rights for All: A Framework for Action for policy makers and programme planners;

(d) IPAS has prepared a special brochure in English, Portuguese and Spanish reproducing paragraph 8.25 of the Programme of Action, which addresses the public health problem of abortion;

(e) IPPF has developed a document comparing and contrasting its Vision 2000 Strategic Plan with the Programme of Action of the Conference. The document has helped in the organization of public forums to discuss the content of the document and to stimulate national debates on the issue;

(f) UNFPA, together with the Mexican National Council on Population, the Ministry of Public Health and several reproductive health and women's non-governmental organizations in Mexico, organized a special public event in Mexico City to disseminate the results of the Conference among policy makers. In addition, MEXFAM published a special book on the Conference and has organized presentations and discussion meetings across the main cities of Mexico.

52. The new reproductive health agenda contained in the Programme of Action requires a renovated strategy to promote a positive attitude from policy makers, health providers, women, men, youth and the public in general, towards reproductive health. Non-governmental organizations have been working towards this end by disseminating the Programme of Action in the countries in which they are currently working and by developing numerous activities in the area of

information, education and communication. Most of the activities carried out in this area build upon the experience gained by non-governmental organizations in their past work on family planning. The challenge at present is how to go beyond family planning and adopt the holistic approach to reproductive health. Some of the activities reported by non-governmental organizations in targeting policy makers are as follows:

(a) ICOMP of Malaysia has organized international seminars to sensitize top-level managers on reproductive health issues;

(b) The World Population Foundation of the Netherlands has carried out many educational, advocacy and information activities directed to parliamentarians and government officials to ensure that they continue to provide funding for reproductive health in developing countries;

(c) Advocates for Youth is currently working to organize a national coalition of non-governmental organizations that serve youth in order to advocate on behalf of youth to government officials, policy makers and donors;

(d) The Centro de Adolescentes y Jovenes: Si Mujer of Nicaragua participates in several organizations in coordination with other non-governmental organizations. These include the National Commission against Maternal Mortality, the Women's Health Network "Maria Cavallery", the Federation for Adolescents' Health and Sexuality and the National Commission against AIDS;

(e) The Family Planning Association of Mauritius is developing several strategies to strengthen the political will and government support for reproductive health policies.

53. In addition, many non-governmental organizations are working on creating awareness of reproductive health issues through a variety of communication channels, including printed materials, conferences, workshops and the mass media. Messages are directed towards the public in general or targeted to specific audiences, such as women, youth and men.

H. Collaboration between national Governments and non-governmental organizations

54. The responses to the questionnaire show that the particular situation of non-governmental organizations in relation to Governments varies enormously from country to country. Collaboration between Governments and non-governmental organizations seems to be a key factor in determining how the reproductive health strategy is being implemented in a given country. In this sense, non-governmental organizations appear to have a prominent role when they are able to establish reliable collaborative links with the Government through a formal consultative body; advocate with Governments on reproductive health issues; provide technical assistance to each other; and pool some resources. In addition, the existence of a network of non-governmental organizations, not merely a single non-governmental organization, is of enormous help in strengthening collaboration between Governments and non-governmental organizations.

55. The pattern of collaboration between Governments and non-governmental organizations ranges over:

(a) Those non-governmental organizations that were able to work together with Governments before and during the Conference and are currently making enormous progress in renewing collaborative links with them by developing committees to follow up the Conference. Collaborative activities may include the replication of demonstration projects of non-governmental organizations in State services with technical assistance provided by non-governmental organizations (Mexico is an example);

(b) Non-governmental organizations that collaborate with Governments because they are part of consultative bodies, such as national population councils, that were created even before the Conference to endorse population policies. In this case, non-governmental organizations may collaborate with the Government in a consultative capacity (India is an example);

(c) Transfer of key activities from the public to the non-governmental sector due to the privatization of several social services (as in Colombia and Thailand).

56. Responses to the questionnaire also reveal the existence of some obstacles concerning collaboration between the Government and non-governmental organizations. These include initial suspicion of each other's agenda; lack of experience in collaborative working relations; competition for funds; changes in policy-making and of policy makers; difficulty in overcoming the established views of government officials and the medical establishment; the bureaucracy of government contracts; reluctance of many Governments to work with non-governmental organizations directly (they sometimes feel more comfortable working with networks of non-governmental organizations); and scepticism on the part of Governments about the proliferation of non-governmental organizations and doubts about their professionalism.

57. While these are perceived as real problems, they do not seem to represent conditions and situations that cannot be changed. Rather, they furnish direction for ways of improving existing collaborative activities between Governments and non-governmental organizations and of creating collaborative linkages in those countries where collaboration is still new.

V. INVOLVEMENT OF NON-GOVERNMENTAL ORGANIZATIONS IN THE IMPLEMENTATION OF THE PROGRAMME OF ACTION

58. The present report indicates that the 34 non-governmental organizations that responded to the questionnaire are developing a wide range of activities for the implementation of the Programme of Action. In developing a holistic approach to reproductive health, non-governmental organizations have demonstrated an encouraging learning curve. They are learning not only how to translate the Programme of Action into practice but how to improve their advocacy activities and their existing services and initiatives in order to serve their clients better. Through their efforts, non-governmental organizations have demonstrated their viability as a major means of meeting the

reproductive health needs of women and men. The following is a summary of some of the important lessons learned:

(a) The majority of the non-governmental organizations that responded to the questionnaire are involved in conducting activities for the integration of family planning into reproductive health services. However, several non-governmental organizations are working on integration with a gradual approach. Owing to the increasing demand for diagnostic and treatment services for reproductive tract infections and sexually transmitted diseases, and because of the limited resources available to most of them, many non-governmental organizations have selected this area as their priority for integrating family planning into reproductive health;

(b) Non-governmental organizations, particularly those at the international level, serve as real laboratories for the integration of services. Indeed, they are developing models of integration for national non-governmental organizations and the government sector;

(c) International and national non-governmental organizations have been pioneers in applying the concept of reproductive health to their programmes, even before the Conference. Women's non-governmental organizations have demonstrated that they can employ effective strategies in advocating on behalf of women and girls, at both the international and national levels. The creation of coalitions among them has strengthened their role as guarantors for the promises of the Conference, and they will continue to have an important role in challenging Governments to implement the Programme of Action;

(d) National non-governmental organizations appear to fulfil an important function in ensuring access to reproductive health services to marginalized sectors of the population, such as the rural and urban poor, as well as to groups with special needs, such as adolescents or battered women. This role is becoming more critical as Governments reduce the amount of resources they provide for social services;

(e) International non-governmental organizations are actively working in the area of quality of care by developing indicators of quality and clinical protocols for the control of infectious diseases and by providing technical assistance in implementing standards of quality. Several national non-governmental organizations serve as models of quality care for government services. However, lack of adequate resources could jeopardize their work in this area;

(f) Current understanding of adolescent health problems is the result of the experience gained by the involvement of national and international non-governmental organizations in this area, even before the Conference. If properly disseminated, the experience of working with adolescents could be of enormous help to Governments that are just initiating programmes for adolescents. Given the limited capacity of non-governmental organizations to serve large segments of the youth population, their role could be considerably enhanced if those efforts are made in collaboration with Governments;

(g) National and international non-governmental organizations have only just begun to address the role of men in reproductive health programmes. This is probably true for most institutions. Because of the lack of experience in this area, dissemination of documented successful experiences could accelerate the difficult task of including men in reproductive health programmes;

(h) Collaboration between Governments and national non-governmental organizations varies from country to country. In the majority of cases, the links established between Governments and national non-governmental organizations are incipient and, therefore, still very weak. It seems that in those cases in which non-governmental organizations are clearly able to complement the role of Governments in providing services, the results are promising and plans for further collaborative activities are under way. In the majority of cases, collaborative relationships are forged after a long history of informal and formal contacts between both institutions. Experience also demonstrates that the existence of a network of non-governmental organizations tends to facilitate their collaborative activities with Governments. Collaborative activities are highly important in a number of ways, including co-developing strategies to implement the Programme of Action, increasing mutual technical assistance in new areas of programme development, co-evaluating the progress of the implementation of the Programme of Action and working together in creating awareness of reproductive health;

(i) The long-term existence of non-governmental organization programmes is dependent upon the ability of those organizations to achieve greater self-sufficiency. Some non-governmental organizations face this limitation by providing services to those sectors of the population that can afford to pay a fee. This enables them to provide services to the poorest segments of the population with what are, in effect, subsidies from the middle class. In any case, self-sufficiency appears to be an issue for both national and international non-governmental organizations, although international non-governmental organizations have easier access to financial support;

(j) Although both international and national non-governmental organizations have acquired extensive experience during the past few years, the lessons learned by them are very different. Although both are clearly moving from a narrow focus on family planning to the broader concept of reproductive health, international non-governmental organizations serve as real laboratories for Governments and international agencies. National non-governmental organizations are becoming more institutionalized organizations with increasing capacity to fill the gaps left by Governments in providing services.

VI. CONTINUED COLLABORATION OF NON-GOVERNMENTAL ORGANIZATIONS IN THE IMPLEMENTATION OF THE PROGRAMME OF ACTION

59. The national and international non-governmental organizations responding to the questionnaire are rapidly developing into strong supporters of the Programme of Action and have demonstrated a high level of commitment to its principles. Progress towards its implementation is evidenced primarily by the activities being undertaken by national and international non-governmental organizations on integrating family planning into the broader framework of reproductive health.

60. Within the framework of the Programme of Action, each non-governmental organization has its own specific programme goals based on the needs of its particular audience, the backgrounds and specific skills of its staff, the amount and type of funding available and the resources of the country or countries in which it develops its activities. From the responses to the questionnaire, it appears that all the organizations are going through a period of transition whose starting-point was marked by the Conference.

61. Non-governmental organizations have particular strengths and weaknesses and, as mentioned earlier, they vary from country to country. Overall, the main strength of non-governmental organizations lies in their capacity to create innovative programme models that could be replicated at a larger scale by Governments. Their main weaknesses are related to their long-term sustainability and lack of self-sufficiency.

62. Because national and international non-governmental organizations have been instrumental in promoting and implementing the Programme of Action, they continue to have a role in:

(a) Developing advocacy initiatives to monitor the implementation of the follow-up activities to the Conference at the national level, particularly in coalition with other non-governmental organizations;

(b) Developing programme models to be replicated on a larger scale by national Governments;

(c) Complementing the role of States in serving marginalized populations and groups with special needs, such as adolescents;

(d) Providing reproductive health services in partnership with Governments;

(e) Providing technical assistance to Governments and other national non-governmental organizations, as a means of creating innovative interventions.

Notes

1/ Report of the International Conference on Population and Development, Cairo, 5-13 September 1994 (United Nations publication, Sales No. E.95.XIII.18), chap. I, resolution 1, annex.

Annex

LIST OF INTERNATIONAL AND NATIONAL NON-GOVERNMENTAL ORGANIZATIONS AND INTERGOVERNMENTAL ORGANIZATIONS WORKING IN THE AREA OF REPRODUCTIVE HEALTH THAT RESPONDED TO THE UNFPA QUESTIONNAIRE

A. Non-governmental organizations

International

1. Advocates for Youth (formerly Center for Population Options), United States of America

2. Catholics for a Free Choice, United States of America

3. Center for Development and Population Activities (CEDPA), United States of America

4. Center for Population Planning, School of Public Health, University of Michigan, United States of America

5. Center for Reproductive Health, University of California, United States of America

6. Family Care International (FCI), United States of America

7. Family Health International (FHI), United States of America

8. Ford Foundation, United States of America

9. International Planned Parenthood Federation (IPPF), United Kingdom of Great Britain and Northern Ireland

10. International Program Assistance Service (IPAS), United States of America

11. Johns Hopkins Program for International Education in Gynecology and Obstetrics Corporation, United States of America

12. Management Sciences for Health (MSH), United States of America

13. Margaret Sanger Center (Planned Parenthood of New York City)

14. Pacific Institute for Women's Health, United States of America

15. Pathfinder International, United States of America

16. Program for Appropriate Technology in Health (PATH), United States of America

17. The Population Council, United States of America

18. Women's Environment and Development Organization (WEDO)

19. Women's Health Action Foundation, Netherlands

20. World Population Foundation, Netherlands

Regional

21. International Council on the Management of Population Programmes (ICOMP), Malaysia

22. International Planned Parenthood Federation, Western Hemisphere Region, Inc., United States of America

National

Africa

23. Egyptian Family Planning Association

24. Family Planning Association of Mauritius

Asia

25. Family Planning Association of India

26. Parivar Seva Sanstha (India)

27. Population Foundation of India

28. Self-employed Women's Association (India)

Latin America

29. Asociación Colombiana pro Biennestar de la Familia (PROFAMILIA)

30. Centro de Adolescentes y Jovenes: Si Mujer (Nicaragua)

31. Centro de Estudios de Población y Paternidad Responsable (Centre for Population Studies and Responsible Parenthood) (Ecuador)

32. El Colegio de México

33. MEXFAM (Mexico)

34. South to South (Brazil)

B. Intergovernmental organizations

35. Organization of African Unity

36. South Pacific Commission